

# **PRIVATE SECURITY GUARD**

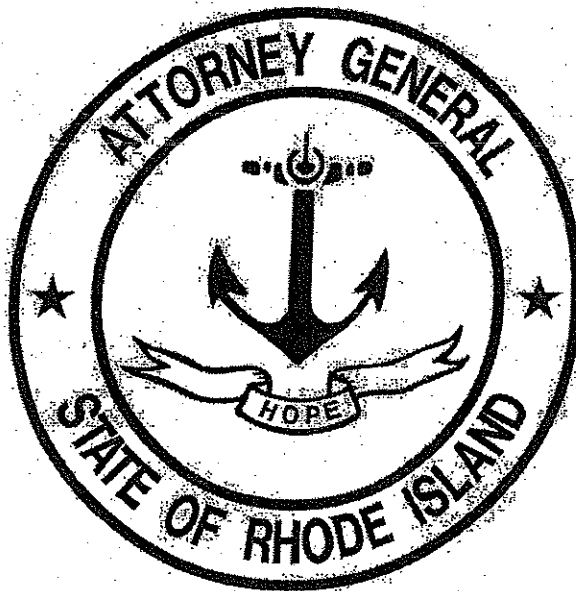
## **POLICY**

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## **LAWS**

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## **APPLICATION**



**PATRICK C. LYNCH**  
ATTORNEY GENERAL

# SECTION 1

## INDIVIDUAL APPLICATION



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street • Providence, RI 02903

(401) 274-4400

TDD (401) 453-0410

*Patrick C. Lynch, Attorney General*

APPLICATION FOR LICENSE AND REGISTRATION  
AS A PRIVATE SECURITY GUARD BUSINESS

Biennial Fee: \$400.00 (Check or Money Order)

Made payable to the Attorney General

Date: \_\_\_\_\_

I being over the age of eighteen (18) years old and a citizen of the United States, hereby make an application for a license to engage in the Private Security Business.

**SECTION 1**  
**INDIVIDUAL APPLICATION**

1. Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Present Address: \_\_\_\_\_

Phone # \_\_\_\_\_

4. Business Address: \_\_\_\_\_

Phone# \_\_\_\_\_

5. Place of Birth: \_\_\_\_\_

6. Sex \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

7. Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_



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**SECTION 1  
INDIVIDUAL APPLICATION**

8. Occupation: present and for the past five (5) years:

Employer	Address	Title
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Present:

A:	
B:	
C:	
D:	
E:	

9. Previous Addresses in the past five (5) years:

Number & Street	City, State, & Zip Code
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Present:

A:	
B:	
C:	
D:	
E:	

10. Are you a Citizen of the United States? YES or NO

11. If naturalized, when and where?

Court: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

12. If you are not a U. S. Citizen, are you a resident alien? YES or NO



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**SECTION 1  
INDIVIDUAL APPLICATION**

13. Have you ever been convicted in any jurisdiction of any crime?

- If so, provide complete details on a separate sheet of paper and attach.

**YES OR NO**

14. Have you ever had a private security guard business application or license or registration revoked or denied by any jurisdiction?

- If so, provide complete details on a separate sheet of paper and attach.

**YES OR NO**

15. Have you ever been declared incompetent by reason of mental illness or disease by any jurisdiction?

- If so, provide complete details on a separate sheet of paper and attach.

**YES OR NO**

16. Do you now suffer or have you ever suffered from habitual drunkenness or narcotics addiction or dependence?

- If so, provide complete details on a separate sheet of paper and attach.

**YES OR NO**

Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Name printed: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Notary ID: \_\_\_\_\_

**SECTION 2**  
**CORPORATE & PARTNERSHIP**  
**APPLICATION**



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RENEWAL

INDIVIDUAL OR CORPORATE APPLICATION  
FOR LICENSE AND REGISTRATION  
AS A PRIVATE SECURITY GUARD BUSINESS

Biennial Fee: \$400.00 (Check or Money Order)

Made payable to The Department Of Attorney General

Date: \_\_\_\_\_

License Number \_\_\_\_\_

Corporate or Business name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

1. Has there been any change of officers or persons holding 10% or more of the Corporation or Business that was not included in your original application?

YES or NO

If YES, please list those persons: \_\_\_\_\_

2. What is the name of your current insurance carrier and included with this application copy of your current certificate of coverage?

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_